U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

Fo	r Official Use Only
	AUG152005
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1. File Number U - 2// 3

3. Name and address of person filing.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

Name GLENN T RUSHING	Name PLUMBERS & STEAMFITTERS U.A. LOCAL NO. 343		
	Labor Organization File Number 048-580		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 401 NEBRASKA STREET	Street 401 NEBRASKA STREET		
City VALLEJO	City VALLEJO		
State California ZIP Code + 4 94590	State California ZIP Code + 4 94590		
5. Position in labor organization. VICE PRESIDENT STORES TO STORE STORES TO STORE STORES TO STORE STORES TO STORE STORES TO STORES TO STORE STORE STORES TO STORE STO			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
	7.b. Amount.		
Street Street Street Street Street			
City April 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	.* 1.		
State ZIP Code +,4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompan undersigned's knowledge and belief, true, correct, and complete. (See the see	ying documents), has been examined by the signatory and is, to the best of the		

08/04/2005

Date

707-644-4071

1.57 \$ 1.00

Telephone Number

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Name of Person Filing GLENN RUSHING	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name APPRENTICE TRAINING TRUST FUND LOCAL 343 Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 401 NEBRASKA STREET City VALLEJO State California ZIP Code + 4 94590 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing.			
Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. WAGES FOR BEING AN INSTRUCTOR - TREACHING APPRENTICE CLASSES			
	12.b. Amount. \$4,297			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	14.a. Nature of payment.			
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			

Name of Person Filing GLEN RUSHING	File Number U-			
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Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	11.b. Approximate dollar value of such dealing.			
City State ZIP Code + 4	12.a. Nature of interest held or income received. AIR FARE - ANN ARBOR, MICHIGAN - INSTRUCTOR TRAINING SEMINAR			
Signature of the companion of the control of the co	12.a. Nature of interest held or income received. AIR FARE - ANN ARBOR, MICHIGAN - INSTRUCTOR TRAINING			
Signature of the commence of t	12.a. Nature of interest held or income received. AIR FARE - ANN ARBOR, MICHIGAN - INSTRUCTOR TRAINING SEMINAR 12.b. Amount. \$358			
State ZiP Code + 4 C. Received from any employer (other than an employer covered under	12.a. Nature of interest held or income received. AIR FARE - ANN ARBOR, MICHIGAN - INSTRUCTOR TRAINING SEMINAR 12.b. Amount. \$358			

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10. If 0 h. or 0 a in shooked give trust or employed page	11.a. Nature of such dealing.			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	8 DAYS PER DIEM @ \$50 PER DAY - INSTRUCTOR TRAINING SEMINAR - ANN ARBOR MICHIGAN			
Street	11.b. Approximate dollar value of such dealing. \$400			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4				
	12.b. Amount.			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.b. Amount of payment.			
13.b. Is the Business an Employer or Consultant ?	- nerraniouse or paymone			

Name of Person Filing GLEN RUSHING	File Number U-	
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10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. DINNER - HABBS - ANN ARBOR MICHIGAN - INSTRUCTOR TRAINING SEMINAR	
	12.b. Amount. \$50	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	14.a. Nature of payment.	
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.b. Amount of payment.	

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10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4		ue of such dealing.	
	12.b. Amount.	\$452	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

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Trade Name, if any:	a. Labor Organization b. Trust c. Employer			
P.O. Box, Bldg., Room No., if any				
Street 401 NEBRASKA STREET	Languages			
City VALLEJO				
State California ZIP Code + 4 94590				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4	GRADUATION GIFT AND GIFT CARD - INSTRUCTOR TRAINING SEMINAR - ANN ARBOR MICHIGAN			
	12.b. Amount. \$230			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			